

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS**

CLERK OF DISTRICT COURT  
NORTHERN DIST. OF TX  
FORT WORTH DIVISION  
FILED

2019 DEC -2 PM 3:29

DEPUTY CLERK *[Signature]*

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

Liliana Aguirre 17831-280  
Plaintiff's name and ID number

FMC Carswell  
Place of Confinement

**4-19CV-1005A**

Case No.

(Clerk will assign the number)

v.

United States of America  
Defendant's name and address

Presidio County Jail  
Defendant's name and address

Federal Prison Industries dba  
Defendant Federal Bureau of Prisons  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.**
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

## FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

## CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

## I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? YES ☒ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: N/A
2. Parties to previous lawsuit:  
Plaintiff(s) N/A  
Defendant(s) N/A
3. Court: (If federal, name the district; if state, name the county.) N/A
4. Docket Number: N/A
5. Name of judge to whom case was assigned: N/A
6. Disposition: (Was the case dismissed, appealed, still pending?)  
N/A
7. Approximate date of disposition: N/A

II. PLACE OF PRESENT CONFINEMENT: FMC Carswell

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Liliana Aguirre 17831-280

P.O. Box 27137

Fort Worth, Texas 78127

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: United States of America

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to ensure + repair fault federal holding facility to minimal safety standards

Defendant #2: Presidio County Jail

Failed to ensure safety of inmates

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to ensure safety of inmates

Defendant #3: Federal Prison Industries dba

Federal Bureau of Prisons

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to ensure safety of inmate, failure to treat injuries

Defendant #4: Ms. Parras - Presidio County Jail

Administrator

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to direct, address and ensure safety of charges.

Defendant #5: Marcos - Presidio County Jail Maintenance Worker

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to fix Leak problem

#### IV B.

Defendant #9: Unnamed Contractor #4 Presidio County Jail

Claim: Failed to treat timely and appropriately injuries

Defendant #10: Unnamed Contractor #5 Presidio County Jail

Claim: Failed to authorize adequate treatment

Defendant #11: Unnamed Contractor #6 Presidio County Jail

Claim: Failed to authorize and perform adequate necessary surgery.

IV. B

Defendant #6: Unnamed Contractor #1 Presidio County Jail

Claim: Maintenance failed to address the leak in the roof at the jail.

Defendant #7: Unnamed Contractor #2 Presidio County Jail

Claim: Roofers failed to fix the leak at the Jail.

Defendant #8: Unnamed Contractor #3 Presidio County Jail

Claim: Failed to ensure safe living conditions for inmates



## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

During a hurricane the jail had leak and flooding issues. Repeatedly I asked for supplies to handle flooding in my area and it was declined. I reported the leak several times. I was warned that more rain was coming still no supplies. I slipped and fell on the water from the leak damaging my neck and shoulder area. Treatment was delayed, damage and injury done, surgery recommended multiple times but not done. Range of motion and permanent damage done. Extent currently unknown, this was during hurricane Harvey

## VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want adequate and prompt care and compensation to cover and handle past, present, future suffering and damages.

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Liliana Aguirre

B. List all TDCJ-ID Identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

UNKNOWN

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case Number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied?

YES NO N/A

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ☒ NO N/A

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division):

N/A

2. Case Number: N/A

3. Approximate date warnings were imposed: N/A

Executed on: 11-24-2019  
DATE

Liliana Aguirre

(Signature of plaintiff)

#### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 24 day of 11, 2019.  
(Day) (month) (year)

Liliana Aguirre

(Signature of plaintiff)

**WARNING:** The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

## CIVIL COVER SHEET

4-19CV-1005A

JS-44

(Rev. 1/05 DC)

|   |   |
|---|---|
| <b>I (a) PLAINTIFFS</b><br><i>Liliana Aguirre</i><br><b>(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF</b><br>(EXCEPT IN U.S. PLAINTIFF CASES) | <b>DEFENDANTS</b><br><i>U.S. A. et al</i><br><b>COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT</b><br>(IN U.S. PLAINTIFF CASES ONLY)<br>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED |
| <b>(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)</b><br><i>N/A</i>   | <b>ATTORNEYS (IF KNOWN)</b><br><i>N/A</i>   |

|  |   |
|--|---|
| <b>II. BASIS OF JURISDICTION</b><br>(PLACE AN x IN ONE BOX ONLY) | <b>III CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!</b> |
|--|---|

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) | <input checked="" type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in item III) |
|--|---|---|--|

|   | PTF                                   | DFT                        |   | PTF                        | DFT                        |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of this State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. CASE ASSIGNMENT AND NATURE OF SUIT

(Place a X in one category, A-N, that best represents your cause of action and one in a corresponding Nature of Suit)

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>A. Antitrust</b><br><input type="checkbox"/> 410 Antitrust | <input type="checkbox"/> <b>B. Personal Injury/Malpractice</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Medical Malpractice<br><input type="checkbox"/> 365 Product Liability<br><input type="checkbox"/> 368 Asbestos Product Liability | <input type="checkbox"/> <b>C. Administrative Agency Review</b><br><input type="checkbox"/> 151 Medicare Act<br><br><u>Social Security:</u><br><input type="checkbox"/> 861 HIA ((1395ff))<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><br><u>Other Statutes</u><br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 892 Economic Stabilization Act<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 894 Energy Allocation Act<br><input type="checkbox"/> 890 Other Statutory Actions (If Administrative Agency is Involved) | <input type="checkbox"/> <b>D. Temporary Restraining Order/Preliminary Injunction</b><br><br>Any nature of suit from any category may be selected for this category of case assignment.<br><br>*(If Antitrust, then A governs)* |
|--|--|---|---|

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>E. General Civil (Other)</b> OR <input checked="" type="checkbox"/> <b>F. Pro Se General Civil</b> |  |  |  |
|--|--|--|--|

|   |  |   |  |
|---|--|---|--|
| <u>Real Property</u><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent, Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property<br><br><u>Personal Property</u><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <u>Bankruptcy</u><br><input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><br><u>Prisoner Petitions</u><br><input type="checkbox"/> 535 Death Penalty<br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input checked="" type="checkbox"/> 555 Prison Condition<br><br><u>Property Rights</u><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 840 Trademark<br><br><u>Federal Tax Suits</u><br><input type="checkbox"/> 870 Taxes (US plaintiff or defendant)<br><input type="checkbox"/> 871 IRS-Third Party 26 USC 7609 | <u>Forfeiture/Penalty</u><br><input type="checkbox"/> 610 Agriculture<br><input type="checkbox"/> 620 Other Food & Drug<br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 630 Liquor Laws<br><input type="checkbox"/> 640 RR & Truck<br><input type="checkbox"/> 650 Airline Regs<br><input type="checkbox"/> 660 Occupational Safety/Health<br><input type="checkbox"/> 690 Other<br><br><u>Other Statutes</u><br><input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 430 Banks & Banking<br><input type="checkbox"/> 450 Commerce/ICC Rates/etc.<br><input type="checkbox"/> 460 Deportation | <input type="checkbox"/> 470 Racketeer Influenced & Corrupt Organizations<br><input type="checkbox"/> 480 Consumer Credit<br><input type="checkbox"/> 490 Cable/Satellite TV<br><input type="checkbox"/> 810 Selective Service<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 875 Customer Challenge 12 USC 3410<br><input type="checkbox"/> 900 Appeal of fee determination under equal access to Justice<br><input type="checkbox"/> 950 Constitutionality of State Statutes<br><input type="checkbox"/> 890 Other Statutory Actions (If not administrative agency review or Privacy Act) |
|---|--|---|--|



|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>G. Habeas Corpus/ 2255</b><br><input type="checkbox"/> 530 Habeas Corpus-General<br><input type="checkbox"/> 510 Motion/Vacate Sentence   | <input type="checkbox"/> <b>H. Employment Discrimination</b><br><input type="checkbox"/> 442 Civil Rights-Employment (criteria: race, gender/sex, national origin, discrimination, disability age, religion, retaliation)<br>*(If pro se, select this deck)*   | <input type="checkbox"/> <b>I. POLA/PRIVACY ACT</b><br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 890 Other Statutory Actions (If Privacy Act)<br>*(If pro se, select this deck)*   | <input type="checkbox"/> <b>J. Student Loan</b><br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (excluding veterans) |
| <input type="checkbox"/> <b>K. Labor/ERISA (non-employment)</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Mgmt. Relations<br><input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act<br><input type="checkbox"/> 740 Labor Railway Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Empl. Ret. Inc. Security Act | <input type="checkbox"/> <b>L. Other Civil Rights (non-employment)</b><br><input type="checkbox"/> 441 Voting (If not Voting Rights Act)<br><input type="checkbox"/> 443 Housing/Accommodations<br><input type="checkbox"/> 444 Welfare<br><input type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 445 American w/Disabilities-Employment<br><input type="checkbox"/> 446 Americans w/Disabilities-Other | <input type="checkbox"/> <b>M. Contract</b><br><input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholder's Suits<br><input type="checkbox"/> 190 Other Contracts<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <input type="checkbox"/> <b>N. Three-Judge Court</b><br><input type="checkbox"/> 441 Civil Rights-Voting (If Voting Rights Act)          |

### V. ORIGIN

- ☐ 1 Original Proceeding  
 ☐ 2 Removed from State Court  
 ☐ 3 Remanded from Appellate Court  
 ☐ 4 Reinstated or Reopened  
 ☐ 5 Transferred from another district (specify)  
 ☒ Multi district Litigation  
 ☐ 7 Appeal to District Judge from Mag. Judge

### VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)

42 § 1983

### REQUESTED IN COMPLAINT

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 ☐

DEMAND \$

Check YES only if demanded in complaint

JURY DEMAND: ☒ YES ☐ NO

### VIII. RELATED CASE(S) IF ANY

(See instruction)

☐ YES ☒ NO If yes, please complete related case form.

DATE

SIGNATURE OF ATTORNEY OF RECORD

### INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44

Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the Cover Sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff is resident of Washington, D.C.; 88888 if plaintiff is resident of the United States but not of Washington, D.C., and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the primary cause of action found in your complaint. You may select only one category. You must also select one corresponding nature of suit found under the category of case.
- VI. CAUSE OF ACTION: Cite the US Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASES, IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.

Reg. No. 17831-280  
PO. Box 27127  
Fort Worth, TX 76127

17831-280  
The Court Clerk Of  
501 W 10TH ST  
FORT WORTH, TX 76102  
United States

90:8 PM 2-27-2019

12/2/19